

# Kansas Behavioral Health Risk Bulletin



## *Kansas Department of Health and Environment*



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Bureau of Chronic Disease and Health Promotion

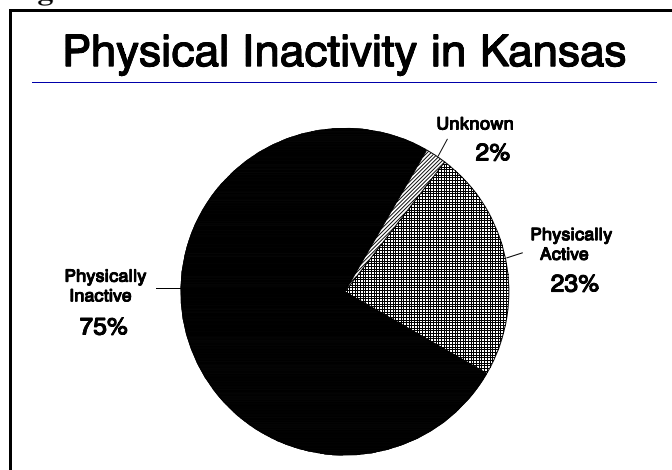
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## Physical Inactivity in Kansas

Engaging in regular physical activity has been shown to improve both physical and mental health. Generally, people who are physically active outlive people who are inactive<sup>1</sup>. Regular physical activity improves the quality of life for all ages and can help older adults maintain their functional independence<sup>1</sup>; however, the majority of Kansans do not get enough exercise (Figure 1).

lose weight or maintain normal body weight. Regular physical activity can help prevent or control depression and anxiety. For those who engage in no physical activity, even small amounts of physical activity (irregular physical activity) can provide measurable health benefits<sup>1</sup>; nonetheless, regular physical activity provides the greatest health benefits.

Figure 1



A majority of Kansans are at risk of developing coronary heart disease (CHD) due to physical inactivity. Physically inactive people have twice the risk of developing CHD as physically active people. Physical activity can produce changes in blood pressure, blood lipids, clotting factors, and glucose tolerance, that may help prevent and control high blood pressure, coronary heart disease, and diabetes<sup>1</sup>. Lack of physical activity has been linked to colorectal cancer<sup>2</sup>, osteoporosis<sup>3</sup>, and stroke<sup>4</sup>. Engaging in physical activity that builds muscular strength, endurance, and flexibility protects against injury and disability<sup>1</sup>. Regular physical activity increases caloric expenditure, which helps a person

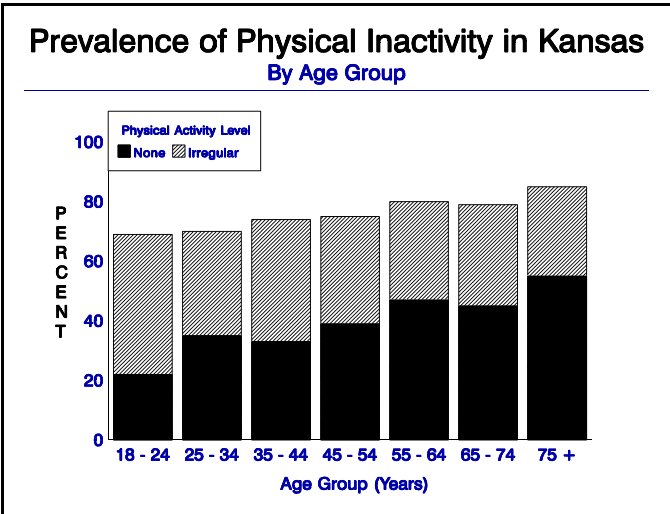
In 1993, the Kansas Department of Health and Environment, Bureau of Chronic Disease and Health Promotion, conducted the Behavioral Risk Factor Surveillance System (BRFSS) survey to assess the prevalence of health behaviors among adult Kansans (aged 18 and older) through a random digit-dialed telephone interview. The respondents were asked if "During the past month, did you participate in any physical activities or exercises (not job-related) such as running, calisthenics, golf, gardening, or walking for exercise?" Those who said yes were asked what two types of physical activity they participated in most often during the past month, how many days they had participated in each during the past month, and how many minutes or hours they engaged in each form of activity on average.

This bulletin examines physical inactivity in Kansas, interventions which might increase physical activity, and the Healthy Kansans 2000 goals for physical activity. In this bulletin, regular physical activity is defined as exercise or physical activity at least 3 times a week for at least 20 minutes each time. Irregular physical activity is defined as engaging in exercise or physical activity less than 3 times a week or less than 20 minutes per session. Physical inactivity is defined as engaging in irregular physical activity or engaging in no form

of physical activity at all.

**Overall (Figure 1):** According to the 1993 BRFSS survey, 75% of Kansans are physically inactive; including, 37% who do not engage in any form of physical activity at all.

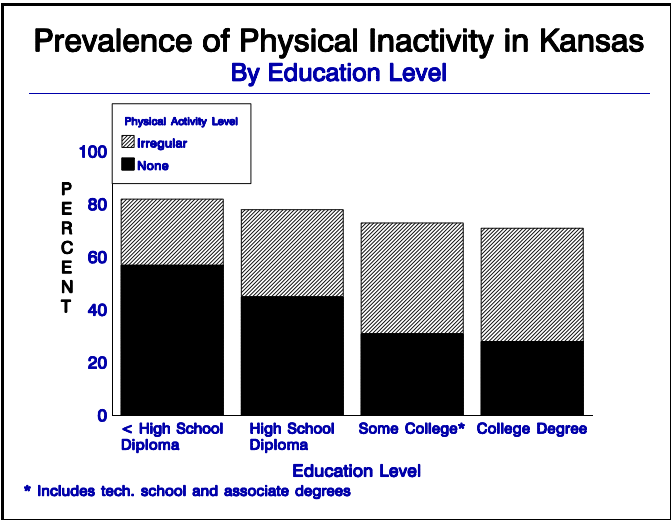
Figure 2



**Age Group and Gender (Figure 2):** The prevalence of physical inactivity is similar for women (76%) and men (73%). The prevalence of physical inactivity generally increases with advancing age. Kansans aged 18 to 24 have the lowest prevalence of physical inactivity (69%); while, the prevalence of physical inactivity is highest among Kansans aged 75 and older (85%). Similarly, the percentage of Kansans who engage in no physical activity increases with advancing age.

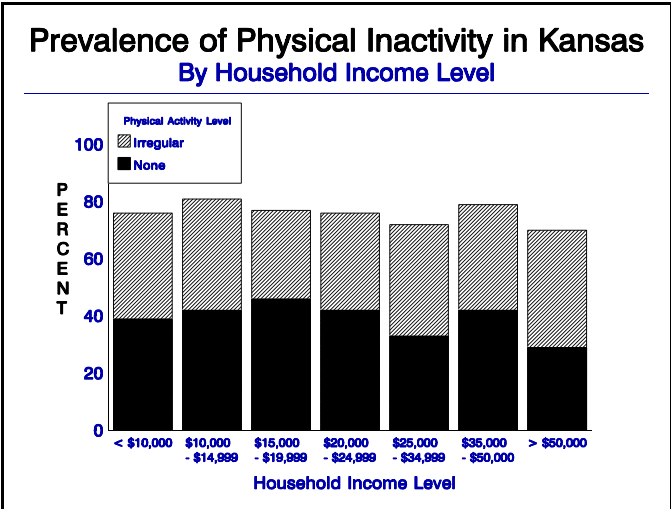
**Education (Figure 3):** The prevalence of physical inactivity decreases among Kansans with higher levels of educational attainment. The prevalence of physical inactivity is highest among Kansans with less than high school diploma (82%) and decreases to a low of 70% among Kansans with a college degree. The percentage of Kansans who engage in no form of physical activity decreases with higher levels of educational attainment from 57% among Kansans without a high school diploma to 28% among college graduates.

Figure 3



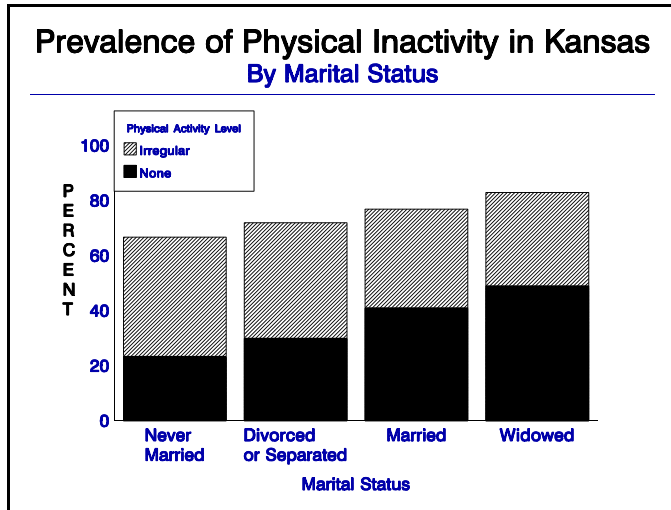
**Income (Figure 4):** According to the data, there appears to be little variation in physical inactivity patterns based on income. Nonetheless, Kansans with household incomes greater than \$50,000 are least likely to be physically inactive (70%), while Kansans with household incomes between \$10,000 to \$14,999 are most likely to be physically inactive (81%).

Figure 4



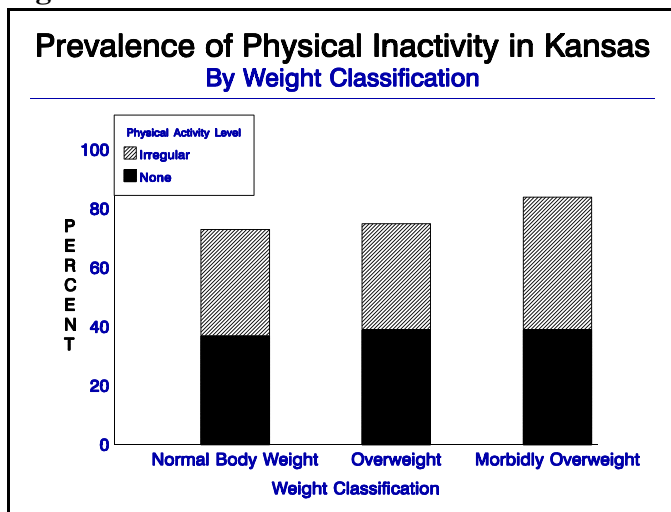
**Marital Status (Figure 5):** Kansans who have never married (66%) or are divorced or separated (72%) have lower prevalences of physical inactivity compared to married (77%) and widowed Kansans

Figure 5



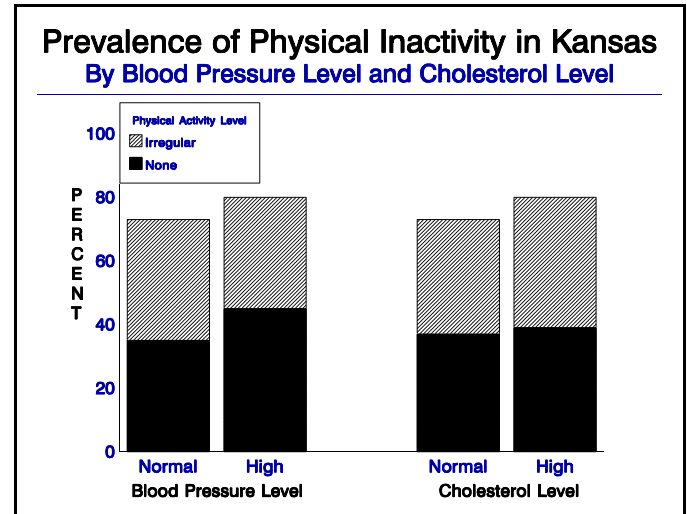
(83%). The percentage of never married (23%) and divorced or separated Kansans (30%) who engage in no form of physical activity is also lower than that of married (41%) or widowed Kansans (49%).

Figure 6



**Overweight<sup>A</sup> (Figure 6):** Overweight Kansans<sup>B</sup> (75%) and morbidly overweight Kansans<sup>C</sup> (84%) are slightly more likely to be physically inactive than were Kansans with normal body weight (73%). The percentage of each weight classification who participate in no form of physical activity is similar (37%-39%).

Figure 7



**Hypertension (Figure 7):** Kansans who have hypertension (high blood pressure) are more likely to be physically inactive (80%) than Kansans who have normal blood pressure (73%). Hypertensives are also more likely to engage in no form of physical activity (high 45% vs. normal 35%).

**High Blood Cholesterol (Figure 7):** Kansans who have normal blood cholesterol levels are less likely to be physically inactive (69%) than Kansans who have high blood cholesterol (80%).

**Conclusions:** According to the information provided by the 1993 BRFSS survey, all demographic groups need to make improvements in their levels of physical activity; however, the following groups are slightly less likely to engage in regular physical activity than other groups:

- \* Older Kansans (aged 55 and older)
- \* Kansans with lower education levels
- \* Kansans with lower household incomes
- \* Kansans who are widowed or married
- \* Kansans who are overweight
- \* Kansans who have high blood pressure or high blood cholesterol

**Recommendations:** The following recommendations are made to increase physical activity among Kansans:

1. Increase physical activity participation in elementary, middle, and high schools.
2. Teach children: 1) the benefits of fitness, 2) physical activity as a lifetime habit, and 3) that both team sports and individual activities are enjoyable pursuits.
3. Develop fitness facilities/trails, especially where there are none currently.
4. Collaborate with the Kansas Recreation and Park Association in designing community fitness programs appropriate for older Kansans.
5. Create community-wide fitness programs formed around Kansans with a special need for improved fitness (e.g., persons with diabetes, osteoporosis, overweight, hypertension).

**Healthy Kansans 2000 Objectives (Table 1):** The Healthy Kansans 2000 objectives for physical activity are:

1. Increase to 40% the proportion of adults (aged 18 and older) who regularly engage in light to heavy physical activity at least 5 times a week for 30 minutes or more per session.
2. Decrease to 15% the proportion of adults (aged 18 and older) who engage in no leisure time physical activity.
3. Increase to 50% the proportion of children in grades 9-12 who engage in moderate exercise in school P.E. classes at least 3 days a week.
4. Increase to 55% the proportion of children 12-15 years old who regularly engage in moderate physical activity.

**References:**

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**Table 1: Physical Activity Objectives**

	Kansas Baseline	Healthy Kansans 2000 Objective
% of adults exercising for 30 min./5 times a week	22.4% (1992)	40%
% of adults engaging in no physical activity	28.9% (1992)	15%
% of children grades 9-12 engaging in P.E. exercise 3 days a week	29.0% (1990)	50%
% of children aged 12-15 who regularly exercise	40.0% (1990)	55%